

Engine Operator Workshop Nomination Form

Note: Only COMPLETED and LEGIBLE forms will be accepted!

*Nominee's Name:	
*Course Number(s) & Name(s): (courses cannot overlap)	Course Location: Moab, Utah
*Agency (name and address-include district office name):	Training Officer's name, phone number and email address:
Working Job Title:	*IQCS # (Federal Employees Only):
*Work or Cell Phone:	*Supervisor's Name:
*Fax Number	*Supervisor's Phone:
*E-mail Address:	*Supervisor's E-mail:
Do you meet all course prerequisites? Yes / No List your past experience <u>pertinent</u> to the course(s).	List training completed and dates <u>pertinent</u> to the course(s).

PAYMENT

Nominations WILL NOT be processed without completion of the attached payment form.

Tuition: \$35.00		Total \$
Upon submission of this form, you agree that you will be charged for the course if you do not cancel by April 5, 2010.		
Nominee's Signature:	Supervisor's Signature:	

<h3 style="text-align: center;">Contact Information</h3> <div style="display: flex; justify-content: space-between;"> <div> <p>Jaki Nordrum Utah Wildfire Academy P.O. Box 45155 Salt Lake City, UT 84145-0155</p> </div> <div> <p>Phone: (801) 539-4127 Fax: (801) 539-4097 or (801) 539-4198 E-Mail: Jaki_Nordrum@blm.gov</p> </div> </div>	<ul style="list-style-type: none"> Please make a copy of this form for your records. Only complete nominations will be accepted. Payment must accompany nomination. Use attached credit card form. This form must be faxed to Jaki Nordrum. (801)539-4198
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Federal Agency Nomination Form

Office Use Only	
<input type="checkbox"/> PW _____	<input type="checkbox"/> Paid ____/____/____
<input type="checkbox"/> IQCS _____	<input type="checkbox"/> Canceled ____/____/____
<input type="checkbox"/> Refund ____/____/____	